

State of Arizona Board of Psychologist Examiners
APPLICATION FOR LICENSE RENEWAL
ACTIVE OR INACTIVE STATUS

If this information is needed in an alternative format, please call (602) 542-8162.

All licensees, regardless of status, are required by law to complete and return this application form with the required fee. Applications, if mailed, must be postmarked before May 1, 2003, and if hand-delivered, must be in the Board's office and date stamped by the close of business on April 30, 2003, to avoid the **\$200 penalty**. All licenses expire on May 1, 2003 unless renewed.

Renewals cannot be processed unless you have enclosed (1) the completed application form, (2) the completed pink confidential information sheet, and (3) a \$400 active renewal fee or a \$50 inactive renewal fee. The fee must be made payable to the **BOARD OF PSYCHOLOGIST EXAMINERS** in the form of a personal check, cashiers check or money order. Incomplete applications will be returned to the licensee. **Resubmitted applications are still subject to the May 1, 2003 deadline.**

The Board is mandated by law to obtain a public address from its licensees. The address you list below will be used for the Internet and will be available upon request to other agencies and the general public. Your application for renewal cannot be processed without this information.

License Number:

Name (Last, First, Middle)

Business/Public Address

(_____) _____
Business Area Code & Phone No.

(_____) _____
Fax No.

City

State

9 Digit Zip Code

Should the Board use this address for mailings to you? ☐ Yes

☐ No, please use my home address provided
on the Confidential Information page.

If you do not choose a preferred public address, the Board will use your business address for public records. If you do not have a business address, the Board will use your home address for public records.

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|----|--|------------------------------|-----------------------------|
| 1. | Are you currently licensed/certified as a psychologist in another jurisdiction? If yes, which jurisdiction(s)?
_____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Are you currently a licensed/certified member of another profession? If yes, which profession(s) and in which jurisdiction(s)?
_____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | By April 30, 2003, will you have completed the required 60 hours of Continuing Education, 40 hours of which must be in Category I, or the pro-rated amount since notification of licensure? If no, explain reason(s). Attach additional documentation if necessary. Please note that documentation of continuing education hours should not be submitted with the Renewal Application form, but must be retained for six consecutive years . Random audits will be conducted by the Board to determine licensees' compliance with the CE requirements.

_____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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|-------|---|------------------------------|-----------------------------|
| 4. | Are you a diplomate of the American Board of Professional Psychology (ABPP)? If yes, in which specialty or specialties? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <hr/> | | | |
| 5. | Are you a fellow, member, or associate of the American Psychological Association (APA)? If yes, please list your APA member status: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <hr/> | | | |
| 6. | Are you a member of any hospital staff or provider panel or other professional association? If yes, please list them: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS (#7 THROUGH #16), PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER.

SINCE MAY 1, 2001:

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|-----|--|------------------------------|-----------------------------|
| 7. | Excluding exam failures, have you been denied a license/certificate to practice any profession by any jurisdiction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Have you relinquished responsibilities, resigned a position or been fired while a complaint was pending against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Have you resigned or been terminated from a professional organization, hospital staff, or provider panel or surrendered a license while a complaint against you was being investigated or adjudicated? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Have you been disciplined by any agency or regulatory board of any jurisdiction, or by any professional organization, hospital staff, or provider panel for acts pertaining to your conduct as a psychologist or as a professional in any other field? If you have had any disciplinary actions, please attach a report of those actions including the name and address of the disciplinary agency, the nature of the action and a statement of the charges and/or findings. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Have you been convicted of a felony or a misdemeanor other than a minor traffic offense in any jurisdiction, even if it was expunged? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | Are you currently under investigation by any professional organization, hospital staff, or provider panel of which you are a member or governmental regulatory board or agency (including the Arizona Board of Psychologist Examiners) concerning the ethical or legal propriety of your conduct? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Have you been sued in civil or criminal court pertaining to your practice as a psychologist, your work under the certificate/license in another profession, or your work as a member of a particular profession? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Are you delinquent in payment of judgment for child support? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. | Have you had your application for membership to any professional organization rejected, or has any professional organization, ethics committee or health care institution suspended or revoked your membership or placed you on probation or otherwise censured you for unethical or unprofessional conduct or other violation of eligibility or membership requirements? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. | Have you had any condition that in any way impairs or limits your ability to practice psychology safely and effectively in Arizona? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

ALL LICENSEES, REGARDLESS OF STATUS, MUST SIGN THIS ATTESTATION FORM

Pursuant to A.R.S. § 32-2074(B), a notice of renewal is fully effective by mailing the renewal application to the licensee's last known address of record in the Board's file. Notice is complete at the time of deposit in the mail. **NO OTHER REMINDER NOTICES WILL BE MAILED. IT IS YOUR OBLIGATION TO CONTACT THE BOARD IF YOU DO NOT RECEIVE THE RENEWAL PACKAGE.**

IF YOU DO NOT RECEIVE YOUR LICENSE RECEIPT WITHIN 2 WEEKS OF MAILING YOUR RENEWAL APPLICATION, CALL (602) 542-8162 TO MAKE CERTAIN YOUR RENEWAL FORM AND FEE WERE RECEIVED. Please note that Board staff is not authorized to make out of state calls.

REINSTATEMENT OF AN EXPIRED LICENSE:

Pursuant to A.R.S. § 32-2074(B), if a psychologist permits his or her license to expire, the psychologist shall not practice psychology in Arizona.

- (1) A licensee may renew an expired license by paying the \$400 renewal fee and the \$200 reinstatement fee before July 1, 2003.
- (2) From July 1, 2003 until May 1, 2004, a license may be reinstated by paying the \$400 renewal fee, the \$200 reinstatement fee, and by providing proof of competency and qualifications to the Board.
- (3) If a psychologist does not renew or reinstate his or her license prior to May 1, 2004, in order to be licensed in Arizona again, the psychologist will be required to reapply for licensure and go through the entire application process including meeting current qualification requirements and taking any required examinations.

THESE REQUIREMENTS ARE DETERMINED BY STATUTE. NEITHER THE BOARD NOR ITS STAFF HAS THE AUTHORITY TO WAIVE OR ALTER ANY PART OF THE STATUTE.

PLEASE READ AND SIGN THE ATTESTATION BELOW

Pursuant to A.R.S. §§ 32-2061(13) and 32-2081(A), any false or misleading information provided to the Board may be cause for probation, suspension, or revocation of a psychologist's license. I hereby attest and certify under penalty of perjury that I am the person who executed this form; that the statements herein contained are true in every respect; that I have not withheld any information that might affect my licensure or my inactive status as a psychologist; that I will conform to the standards of professional conduct as defined in A.R.S. § 32-2061 and the rules pertaining thereto. I further hereby attest that the signature below is my own signature.

Signature of Licensee

Print Name

License No.

Date

<p>ALL LICENSEES MUST COMPLETE THE CONFIDENTIAL INFORMATION PAGE AT THE END OF THE RENEWAL FORM</p>
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See next page for requests for inactive status, retirement, or voluntary expiration of license.

ALL INACTIVE STATUS LICENSEES ARE REQUIRED BY LAW TO SUBMIT THIS FORM

REQUEST FOR INACTIVE STATUS

1. If you currently have any condition which prevents you from practicing as a psychologist, pursuant to A.R.S. § 32-2073(E), you must complete and submit the **Application for License Renewal/Inactive Status** form and provide written medical or psychological documentation to substantiate that the disability prevents you from practicing as a psychologist. **YOU MUST ENCLOSE THE \$400 RENEWAL FEE WITH YOUR REQUEST.** It will be returned if Inactive Status is granted. While on Inactive Status due to a physical or mental incapacity or disability, you shall not practice psychology. You must, however, comply with the renewal requirements in each renewal cycle.

Disability: ☐ Mental ☐ Physical

2. If you are currently on Medical/Inactive Status and wish to continue on Medical/Inactive status, no renewal fee is required, but you must complete and submit this **Application for License Renewal/Inactive Status** form.

Disability Continuation: Yes ☐ No ☐

3. If you do not practice in Arizona you must complete and submit the **Application for License Renewal/Inactive Status form, with the \$50 fee** and request that your license be placed on Voluntary Inactive status. While on Voluntary Inactive Status, you shall not practice in Arizona. You must, however, comply with the renewal requirements in each renewal cycle.

Voluntary Inactive: Yes ☐ No ☐

4. Should you wish to return to active status, you must submit a **written request for Board approval, along with the Application for License Renewal/Inactive Status form with the \$400 Active renewal fee**, before providing psychological services. The Board will then determine whether there have been disciplinary actions in other jurisdictions and will determine whether you have satisfied the continuing education requirements applicable to psychologists on active status.

Reactivation of License: Yes ☐ No ☐

DO NOT SIGN BELOW UNLESS YOU ARE REQUESTING INACTIVE STATUS

I affirm that I will abide by Arizona Revised Statutes § 32-2061, et. seq. during my inactive status, will describe myself as inactive and will not practice as a psychologist, pursuant to A.R.S. § 32-2073:

Signature of Licensee

Date

NOTIFICATION OF RETIREMENT

I am retiring my practice, allowing my license to expire effective this date: _____
I expect no further contact from the Board.

Signature of Licensee

Date

Mandatory Confidential Information (for Board Use Only)

Name (Last, First, Middle)

License No.

Other Names Used (Last, First, Middle)

*Residential Address** (P.O. BOX NOT ACCEPTABLE)

Apt. #

City

State

9 Digit Zip Code

☐

Check here to indicate if residential address is the same as your business address

(_____) _____
Home Phone No.

*Date of Birth***

(_____) _____
Home Fax No.

*Social Security Number****
(Required)

E-mail Address

* THE BOARD DOES NOT DISCLOSE A LICENSEE'S RESIDENTIAL ADDRESS UNLESS IT IS THE ONLY ADDRESS PROVIDED TO THE BOARD.

** THE BOARD DOES NOT DISCLOSE A LICENSEE'S DATE OF BIRTH.

*** A.R.S. §§ 25-320(K) and 25-502(E) MANDATES THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES SHALL OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. SOCIAL SECURITY NUMBERS WILL NOT BE DISCLOSED EXCEPT WHEN DISCLOSURE IS REQUIRED BY LAW, SUCH AS DISCIPLINARY REPORTS TO THE NATIONAL DATA BANK OR TO AID THE DEPARTMENT OF ECONOMIC SECURITY IN LOCATING PARENTS OR THEIR ASSETS OR TO ENFORCE CHILD SUPPORT ORDERS.